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PTO/SB/17 (01/06)
Approved for use through 07/31/2008. OMB 0651-0032
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FEE TO A NORMALTT A	Application Number	09/868,254
FEE TRANSMITTAL	Filing Date	June 15, 2001
for FY 2007	First Named Inventor	Hugh Boyd Morrison
	Examiner Name	Rueben M. Brown
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2424
TOTAL AMOUNT OF PAYMENT (\$) 810.00	Attorney Docket No.	RCA 89,185

METHOD OF PAYMENT (c)	heck all that ap	ply) CUSTO	MER NUMBE	R: 24498			
☐ Check ☐ Cre	dit card [Money Or	der	☐ None	Other (p	lease identify):	<u></u>
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Charge fee	(s) indicate	ed below		Charge fee	e(s) indicated	d below, excep	t for the filing fee
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fee(s) under 3 WARNING: Information of Information and authorize	on this form (may become put	olic. Credit card inf	ormation should no	t be included o	n this form. Provid	de credit card
FEE CALCULATION (All the fees	below are due	upon filing or n	nay be subject to	a surcharge.)	
1. BASIC FILING, SEA	RCH, AND	EXAMINATION	N FEES				·
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=		Small Entity	- (4)	Small Entity	F - (A)		
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES					Small E	intity
Fee Description					<u>F</u>	ee (\$)	<u>Fee (\$)</u>
Each claim over 20 (include	ling Reissues)				50	25
Each independent claim of	ver 3 (includir	ng Reissues)			:	200	100
Multiple dependent claims						360	180
Total Claims	_	tra Claims		Fee Paid (\$)	_	lultiple Depende	
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Independent Claims		tra Claims	Fee (\$)	Fee Paid (\$)			
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3. APPLICATION SIZE			4 6 (-liltill	Glad sames		
If the specification and listings under 37 CFR	-			-			
sheets or fraction there					illiy) ioi eacii a	idditional 50	
Total Sheets	Extra Sh	eets Nu	umber of each ac	Iditional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
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4 OTHER FEE(6)							Fees Paid (\$)
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SUBMITTED BY					
Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
Signature	16 len	4.		T	June 25, 2009

This collection of information is progried by 37 CFR 1.135 The informeton is Tequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing his burden, should be sent to the Chief information Officer, U.S. Patert and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. NO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. It you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

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the Consolidated Appropriations Act, 2005 (H.R. 4818).

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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
☐ Check ☐ Cr	edit card	☐ Money Ord	der	☐ None	Other (pl	ease identify):	
 ☑ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Charge fee(s) indicated below, except for the filing fee 							
	ny addition	al fee(s) or unde	erpayments	of 🛛 Credit any	overpaymen	ts	
fee(s) under WARNING: Information information and author	on this form	may become publ O-2038.				·	de credit card
FEE CALCULATION	<u> </u>		<u>. </u>	r may be subject to	a surcharge.		
1. BASIC FILING, SE	EARCH, ANI FILING			RCH FEES Small Entity	EXAMIN	ATION FEES Small E	ntity
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Fee Description					<u>F</u>	e (\$)	Fee (\$)
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Multiple dependent claim		4 - 01-1	F (A)	5 D-14 (A)		60 ultiple Depend	180
Total Claims	_	xtra Claims	<u>Fee (\$)</u> \$50	Fee Paid (\$)		e (\$)	Fee Paid (\$)
- or HP = x \$50 = \$ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							
Independent Claims	: <u>E</u> or HP =	xtra Claims	<u>Fee (\$)</u> \$200	Fee Paid (\$)			
HP = highest number of		alaims paid for, if gre		<u> </u>			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra S	heets <u>Nu</u>	mber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(ro	und up to a whole nu	umber) x		=
4. OTHER FEE(S) Non-English Specifica	ation, \$130 t	ee (no small entit	y discount)				Fees Paid (\$)
Other (e.g., late filing			,,	- \$810.0	00		\$810.00
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SUBMITTED BY		· · · · · · · · · · · · · · · · · · ·			
Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
Signature	Mollen	1.			June 25, 2009

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